

JIV. CODE Case 1:02-cr-05368-OWW Document 78 Filed 04/07/06 Page 1 of 1	2. PERSON REPRESENTED Hill, Dervin Wade	VOUCHER NUMBER																																																												
.G. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 1:02-005368-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. Hill	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A-MD.F -- MARIJUANA - SELL, DISTRIBUTE, OR DISPENSE																																																														
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS MENSEL, STEPHEN 1221 Van Ness Suite 305 Fresno CA 93721 Telephone Number: (559) 237-2600																																																														
13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Appointed Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> V Appointed Counsel Prior Attorney's Name: HOMOLA, JAMES R. Appointment Date: 03/21/2006																																																														
APR - 7 2006 CLERK U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA BY <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>John Wynn</i> Signature of Presiding Judicial Officer or By Order of the Court 03/29/2006																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																														
15. CLAIM FOR SERVICES AND EXPENSES CATEGORIES (Attach itemization of services with dates)																																																														
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____																																																														
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION																																																														
21. CASE DISPOSITION																																																														
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.																																																														
Signature of Attorney: _____ Date: _____																																																														
APPROVED FOR PAYMENT - COURT USE ONLY																																																														
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT																																																										
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE 7214																																																										
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																										